

PRINT THIS FORM, COMPLETE IT AND MAIL IT TO THE TURNPIKE

1. For a copy of an Accident Report, for an accident occurring on the NJ Turnpike, complete this form:

Date of Accident: (PRINT) _____

Name of Driver: _____

Location of Accident: _____

2. Place this completed form in an envelope with a check or money order for \$1.50 payable to: New Jersey Turnpike Authority. Address and mail the envelope to: Accident Report Request, Operations Department, NJ Turnpike Authority, P. O. Box 1121, New Brunswick, NJ 08903-1121.
3. Include a self-addressed stamped business envelope or your Fax number: (_____) _____

Copies of accident reports are usually available 10 business days after the accident.

Accident reports are not available to anyone applying in person.
